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ABSTRACT

This practicum examined ways to improve treatment of hard-to-serve youths at a non-profit residential mental health center. Youthworkers at the center displayed a low rate of individual treatment plan strategy implementation and lacked skills and knowledge in outcome-oriented individualized treatment planning. Recommendations for improving the program focused on three areas: in-service training, supervision, and agency leadership. A moderate rate of improvement followed the implementation of recommendations in these three areas, suggesting that the problem analysis and solutions of the study were accurate. After implementing the recommendations, youthworker supervisors became more effective with their youthworkers. In addition, the commitment of the youthworker supervisors to the project and to the treatment planning process facilitated the successful outcome of the study. As a result of the study, it was recommended that: (1) a regular in-service training program be established; (2) follow-up seminars be established to ensure continuing expertise; (3) agency leadership be tapped as a resource to all levels of the organization; (4) the use of video tapes as supervisory tools be continued; and (5) supervision be used as a tool to increase employee knowledge and quality of service. Contains 28 references. Five appendices present documents, instruments, and outlines. (KW)

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Increasing Youthworker Implementation of Individualized Treatment Strategies in a Residential Treatment Centre for Adolescents

by

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Cohort 64

A Practicum Report in Partial Fulfillment of the Requirements for the Degree of Master of Science

Nova University

1995

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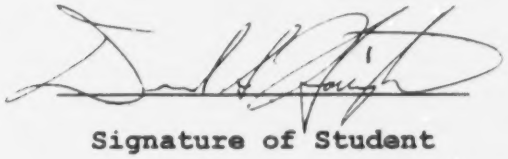 — **Signature of Student**

ABSTRACT

Increasing Youthworker Implementation of Individualized Treatment Strategies in a Residential Treatment Centre for Adolescents. Descriptors: In-Service Training/Residential Treatment Goals/Clinical Strategies/Clinical Supervision/ Organization Leadership.

Youthworkers in the residential setting had a low rate of individual treatment plan strategy implementation. Youthworker supervisors lacked the skills and knowledge in outcome oriented individualized treatment planning.

The author designed and co-ordinated an in-service and supervision program that dealt with issues of youth diagnoses at intake, the psychiatric and psychological implications of these diagnoses in treatment planning, specific planning skills, specific implementation skills with a supervisory/leadership focus to improve implementation of treatment strategies.

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Chapter I

Introduction and Background

The practicum agency began as a Children's Mental Health Centre in 1973. The agency is not for profit, governed by a board of directors and funded by the provincial Ministry of Community and Social Services. The 100% funding of the agency by the province gives families and youth a free service, the cost of which is carried by the general tax base.

The initial mandate of the agency was to treat youth in a residential setting. The youth had to be considered hard to serve in that they displayed aggressive symptoms and had experience with drugs and alcohol. The age range of these youth has remained between the ages of 11 and 19.

While youth are treated in the residence, families and significant others are provided with counselling and the skills needed to cope with and care for their youth.

In 1978, a community program was implemented with in-home service, day treatment, play therapy and family or individual adolescent counselling. This service was initiated to support youth and their families whose behaviour was not severe enough to require residential treatment.

The agency presently employs thirty-seven people. Twenty-one child and youthworkers are employed in residence, four social workers, eight child and youthworkers in day

treatment and in-home service, two support staff and two executive level administrative staff. There is a consultant psychiatrist present one day per week and a consultant psychologist available for assessments one half day per week.

The agency is located in a rural setting with a catchment area that includes the agricultural community, forest industries, tourism and heavy manufacturing on the southern boundaries. Tourism is a major economic activity due to the local geography having an abundance of lakes and forested areas.

Referrals to the agency are made privately, through the court system, by child welfare agencies and by local school boards in collaboration with the youth and their parents.

The Setting in Which the Problem Occurs

The practicum problem occurs in the residential treatment program of the agency. The residential program is implemented out of three units. Two units are male youth, one with youth 11 to 13, and one with youth 14 - 19. These two units are located in a wilderness setting with educational facilities attached. The unit populated by female youth is located in a small town and it too has educational facilities attached.

There are seven youth in each unit who visit home or significant others, every other weekend. There are no maintenance staff employed by the agency. Youth and

youthworkers maintain common areas and bedrooms, do their own laundry, as well as initiate food purchasing and preparation.

Five out of seven youth in each unit have a psychiatric diagnoses of conduct disorder. All youths have experienced at least one treatment modality breakdown before entering the residence. Family involvement is required in treating youth, however, in cases of irretrievable reconciliation between a youth and their family, the agency will continue their involvement with the youth.

Youthworkers and residential supervisors are experienced and highly skilled in behaviour management and the promotion of social learning with youth in the program. Residential supervisors are formally educated as Child and Youth Workers in 2 cases and an undergraduate degree in psychology in one case. Youthworkers all have certification of community college level in behavioural management programs ranging from Child and youth workers (a three year program) to Certificates in behaviour management (a two year, part-time program).

The residential program has been undergoing a change in focus over the last two years from a process or psychodynamic oriented program to one where collaborated treatment goals, objectives, strategy and impact evaluation have taken on high importance. However, treatment strategy implementation towards specific objectives with youth,

youthworkers and youthworker supervisors has not been a consistent practice. The concept is agreed upon by unit supervisors, youthworkers and youth but implementation has been based on clinical reviews, individual supervision of youthworkers and individual supervision of unit supervisors. No formal in-service training has been implemented in the development of goals, objectives and strategies with youthworkers or youthworker supervisors.

Students Role in the Setting

The practicum student is the Assistant Director of the agency as a whole. Specifically, this means acting for the Executive Director in his absence and having input in all agency meetings of program planning and clinical accountability with youth and their families. Day-to-day responsibilities are based on the direct care programs of the agency which include in-home service, day treatment, family counselling and the residential treatment program. The practicum student is accountable for the management, supervision and treatment implementation in these programs. Implementation is through the direct supervision of one day treatment supervisor, one family counselling supervisor, and three youthworker supervisors.

The student has been employed by the agency since 1975, first as supervisor of the wilderness camping program and over the last sixteen years as Assistant Director. Role functions as assistant director have varied as new programs

are developed and for the last two years have included supervision of the social workers in the agency. Recently, program conceptualization and development has been a high priority for this student. It has resulted in the formalization of all agency programs on paper through collaboration with all clinical staff and consultants. This has been a significant project in that it paves the way for impact evaluation of the agencies' programs which will be implemented over the next two years.

Chapter II

The Problem

Problem Statement

Individual Treatment Plan strategies have not been consistently implemented by youthworkers in the residential treatment program. Youthworker focus with youth has centred on the social learning aspects of the program that the agency describes as the care system or corrective living experience. This includes the behaviours and interactions of youth within the milieu and in their relationship to youthworkers and significant others. However, the individualized interventions with youth based on pre-determined Goals, Objectives, and Strategies in the formalized treatment plan have not been implemented consistently.

Ideally youthworkers should be balancing the social learning milieu with individualized interventions. A youth would then receive feedback from the reality of peer and adult responses or reactions to their behaviour in the milieu, as well as planned, consistent, predictable youthworker interventions that can be evaluated in terms of outcome. An individuals strategies for treatment can then be modified or developed based on success.

The discrepancy between the ideal of social learning or milieu focus and the individuated treatment focus as a balance is clear. Ideally this must be balanced, not tipped

toward a heavy focus on individual treatment with denial or lack of awareness of peers, interactions and the treatment milieu on the part of youthworkers. In other words, the milieu must continue to teach immediate cause and effect to a youth as well as social learning, while the individualized treatment plan provides specific strategies for change in behaviour and perceptions of individual youth.

Specific strategy implementation of specific treatment goals and objectives will allow the agency to develop an internal evaluation program. A major criticism of residential treatment can then be addressed through the resolution of this problem. As funding becomes more scarce, provincial ministries are demanding proof of outcome attached to funding (Policy Framework, 1992).

Clinically speaking, residential treatment is under fire from fundors, consumers and referring agencies for not having the success that high cost budgets and intense staffing warrant (Eiskikovits & Schwartz, 1991). As stated by Brendtro & Ness, (1993, p.14) the major failing of residential treatment is that gains made by youth in their residential experience, are not generalized to the environments they return to. They are subjects of a modifying environment but internal perceptions and resulting behaviours have not changed. This can be explained as Garbarino demonstrates as being due to returning to environments of social and cultural impoverishment

(Garbarino, 1987, p.25). It can also be explained in terms of normal growth and development of the adolescent phase as one of erratic behaviour driven by emotions and idealistic thinking (Erickson, 1959). Richard G. Fox demonstrates clearly the problem of children failing to generalize behavioural gains after the prosthetic environment and he advocates a proactive model of direct teaching in social skills as a strategy of change in the youths' natural setting as well as home environment (Fox, 1990, p.46).

Residential staff from front-line to administrators and consultants are prone to blame a lack of successful family work, or even social work as a profession for a youth's inability to cope on returning to their original environment. Whatever the argument, the real problem of youth losing the gains they have made when they are discharged to their real world can not be denied.

It is this practicum students hope that insuring strategic interventions of youthworkers based on objectives and goals that can be evaluated in terms of measurable impact (Rossi & Freeman, 1993, p.26); will add to the validity of residential treatment with consumers, fundors, the general public and professions outside of child and youth care.

Documentation of the Problem

While having recognized the problem of youthworker interventions being generalized for a considerable length of

time, no formal documentation has ever been done in the practicum agency. The practicum student in consultation with the agency executive director had often approached youthworkers and their supervisors through formal supervisions and clinical accountability meetings with little or no sustained response in the way of increased implementation of individualized treatment strategies. Implementation of the milieu expectations have always taken precedence over individualized plans, in the eyes of the youthworkers.

Youthworker supervisors, while cognizant of the need for implementation of individual strategies had increased their focus on them but not to point that could be considered consistent. Their direct role in the assembly of individualized treatment plans by providing observation data is seen as an obvious factor in their higher recognition of individualized strategies as valuable. However, this value of individual strategy implementation has not been passed on to youthworkers.

Due to the role of the practicum student with the residential program, an ideal overview of the three residential treatment units is available. Documentation of the problem was done over a two week time period.

Two methods of problem documentation were used. An analysis of the daily shift log for individual adolescents was used, as well as direct observation of youthworker

interactions in the unit.

The individual adolescent shift log (Appendix A) has been used for the past ten years in the residential treatment program. The section for critical incidents was initially designed as a place to record treatment interventions. However, on analysis, it has clearly deteriorated to a place where major behaviour management issues are recorded as well as family related issues that effect the routine of the day with youth.

Informal analysis of the shift log required reaching the whole log due to some treatment strategies being recorded under other sections. For example a low key approach to limiting a youths' behaviour was found under the category of "Limits" and was recorded as the strategy directed to de-escalate the behaviour of a reactive youth who had suffered severe, sadistic abuse.

Generally, although the actual strategies attempted were recorded as a low percentage of overall interactions, the youthworkers recorded their implementation under "Critical Incidents".

A milieu focus was evident with youths' behaviour in all units. Observations reflected a specific youths' behaviour under the categories of the shift log and they lacked the interactive description needed to properly assess their meaning in the context of an interaction. For example, Routines: "Tommy rose, made his bed and had a good

breakfast. He dressed and took care of his own hygiene and left early to help the teacher at school." As the practicum student analyzed the logs it became very clear that not only treatment strategies were seen as secondary to the milieu. It is meant by this statement that youthworkers were not seeing the value of their interactions as the underlying dynamic that could make Tommy's morning a success or a personal disaster. The actions they took in facilitating Tommy's start to the day such as quiet wake-up calls, reassurance and faith in his ability to cope, picking up on the cues he gave about fears around school and numerous other caring interactions and responses to his needs, were not recognized or recorded. The milieu expectations and behaviours were therefore focused on, but, the issues of care, encouragement, challenge and re-assurance (motivating factors) or social-emotional interactions were not clearly valued through recordings. Therefore, although a youths behaviours could clearly be observed, their response to regular adult milieu interventions or specific treatment strategies could not be clearly ascertained through shift log analysis only.

The second method of problem documentation used was actual observation of each unit. Over two weeks, three hours were spent in each unit recording youthworker - youth interactions. An observation instrument was used (Appendix B) and observations were marked clearly under

general interactions and specific strategies implemented.

Both youthworkers and youthworker supervisors were observed during the high contact hours of 3:00 - 6:00 pm. The reason for this was that youthworkers do a shift change at 4:00 pm so four youthworkers could be observed with the youthworker supervisor in each unit. Adolescents were also entering the unit from their various school programs and interactions were frequent as well as fairly intense due to it being the beginning of the youth's academic year.

The practicum student notes that interactions generally reflected a youthworker approach of care for youth in that youthworkers showed genuine concern for them. This was a result of their innate traits as caring people which they demonstrated on hiring as well as regular supervision that focused on themselves as important vehicles for service delivery (Brillinger, 1990). However, direct observation demonstrated a fairly low rate of intervention based on specific strategies. It did reveal that youthworkers often implemented strategies as caring responses to youth, not recognizing their impact on a youths specific treatment or the fact that they had implemented
strategy.

On reading shift logs after observing the units, it was clear that youthworkers did not record the specific interventions they made. This paper will address this phenomena in the section devoted to problem analysis.

Shift log analysis revealed unit by unit the following figures:

Unit #1

Number of youth - 7

Number of logs analyzed - 70

Time period: Sept 2 - 14

Specific Interventions Recorded - 8

Percentage of shift logs indicating specific strategy intervention: 11.4%

Unit #2

Number of youth - 7

Number of logs analyzed - 70

Time period: Sept. 4 - 14

Specific strategic interventions recorded - 4

Percentage of shift logs indicating specific strategy intervention 5.7%

Unit #3

Number of Youth - 7

Number of logs analyzed - 70

Time period: Sept. 4 - 14

Specific Interventions Recorded - 5

Percentage of shift logs indicating specific strategy intervention 7.1%

Direct observation revealed the following figures:

Unit #1

Generalized responses 26

Specific treatment strategies 4

Percentage of interactions reflecting specific interventions 13.3%

Unit #2

Generalized responses 27

Specific treatment strategies 3

Percentage of interactions reflecting specific interventions 10%

Unit #3

Generalized responses 26

Specific treatment strategies 4

Percentage of interactions reflecting specific interventions 13.3%

In the observation of staff interactions and shift log analysis, misguided attempts at specific interventions were observed. For example, a youthworker was observed reflecting back to a youth the impact of their behaviour on peers. This was a strategy clearly worded in the treatment plan in terms of gaining a supportive alliance with the youth. However, it

was being used in a confrontational manner with the youth. The words were correct, the intended message was distorted.

This phenomena was observed in one to two interactions in each unit. These interactions could not be counted as youthworker use of treatment strategies.

Through the analysis and observation process it was interesting to note that the implementation rate of treatment strategies in actual interactions was greater than the youthworkers' written recordings demonstrated. This factor was especially present in units two and three, the all male units.

Analysis of the Problem

"Only by attending to critical factors can one achieve a truly successful program" (Brendtro and Ness, 1983, p.14).

In analyzing the problem, the practicum student attempted to identify factors that were critical to program success in their presence or absence. The propensity for error at this point in the project was high due to observations being based on concrete behaviours and interactions from which problem factors are conceptualized.

Through shift log analysis, observation time in the units, supervision of the Youthworker Supervisors and clinical/administrator accountability meetings, factors affecting strategy implementation negatively were conceptualized. Recognizing that a centre for youth is a dynamic milieu of multiple variables (Brendtro and Ness,

1983), these factors were identified as fitting into the scope of the practicum rather than being considered all inclusive or the only factors affecting treatment strategy implementation.

1. The first factor contributing to the problem is a lack of formalized in service training pertaining to treatment goals, objectives and strategies with unit supervisors. The residential treatment program has been changing in focus from a psychodynamic oriented program to an outcome oriented program of goals, objectives and strategies. Training of youthworker supervisors has not followed suit on a formal basis. Specific goals, objectives and strategies that can be impact evaluated (Rossi & Freeman, 1993) are recognized as valuable by youthworker supervisors. They have been a part of the process of organizational change but they have not had specific training to become more effective with their workers through enriching their own skills and knowledge as advocated by Maier (1987).

2. Youthworker lack of strategic treatment implementation is directly connected to youthworker supervisor lack of training in treatment goal, objective and strategy implementation. Due to budget and geographical location, youthworkers work block times, i.e. forty hours in two and one half days with no overlap time for staff meetings. The youthworker supervisor is, therefore,

responsible for the components of their role with supervisees; for example job description, person focus and task focus (Brillinger, 1990). They are also responsible for a teaching component of changes in service delivery or agency objectives.

3. The shift log format does not have sufficient focus on individual treatment strategies. The format needs to be modified to reflect the desired balance between social learning and individualized treatment strategies. Non-personal information such as the shift log format can have a great effect on role performance and perceptions of workers, supervisors and management staff (Speers, 1988, p.55). Ultimately, the client or youth are affected through the format and structure of reports and accountability systems. Lane clearly demonstrates the need for clear structure, behaviour and output of workers in an organization. (Lane, 1988). Shift logs are an important tool for youthworker clarity of youth needs, performance expectations and a tool for analysis of treatment and general organization goals.

4. Youthworker supervisors lack commitment to the actual formulation of treatment plans. A pro-active stance of treatment plan collaboration with youth and families, resulting in formulation of goals, objectives and strategies have not been a clear function of youthworker supervisors or their subordinates. The importance of firsthand interactions and observations of direct care staff is obvious and well

documented. (Krueger, 1986, Egan, 1981, Rogers and Stevens et al., 1967, Corey, 1991)

Recognizing youthworker supervisor skill in counselling and genuine concern for their clients, this commitment can be increased and shared with youthworkers through effective in service training with a goal, objective and strategy implementation focus.

Chapter III

Goals and Objectives

The youthworker supervisor is the pivot of the residential unit through which clinical concerns are carried to youthworkers and youth. Communication also passes to the administrative and clinical team through the supervisor.

Consistent feedback from youthworkers to supervisors and to the practicum student was identification of lack of clear understanding about treatment strategies. This showed that the problem identified was shared by all three levels of the agency, indicating a need for in-service training in the understanding and implementation of strategies. In-service training around the understanding of strategies is viable and a shared view by all three levels of the agency's structure. This identifies an important element of training as espoused by Austin, Brannon and Pecora (1984).

In-service training, combined with youthworker supervisor leadership and implementation is seen by the practicum student as necessary for the development of the agency as an organization. More important than the agency developing, however, is the effect that more consistency in strategy implementation will have on youth and their families.

The following goals and objectives have been designed to have a positive impact on the problem identified.

Goal 1: To increase youthworker implementation of

individual treatment strategies of youth.

Objective 1: All residential supervisors will be competent in using the formal steps of planning individual treatment goals, objectives and strategies. A success rate of 100% is expected which will be measured by a post-test (See Appendix D) at week 6 of the implementation period.

Objective 2: Shift log analysis will reflect a 10% increase in the recording of individual treatment strategies by youthworkers. This analysis will be done weeks 8 - 10 of the implementation period.

Objective 3: Interactions implemented by youthworkers with youth in the residential unit will reflect an increase in individualized strategies of 10%. This will be measured by direct observation by the practicum student in the units.

Chapter IV

Solution Strategy

Numerous books and articles reviewed for the practicum gave a varied general view of treatment goals, objectives and strategy implementation. In general, a lack of universal specific technology or treatment strategies is the view stated in professional literature; however, this state is generally recognized as necessary in matching clients, agencies and treatment methodology rather than seen as a negative criticism by clinicians.

Critical opinions, however, can be easily found; for example:

"Thus aside from our limited knowledge of disorders of childhood and adolescence, our treatment technologies leave much to be desired. The social and political problems complicating the picture might be easier to overcome if our treatment technologies were more powerful" (Levine & Perkins, 1978, p. 62)

Egan provides a more positive view in that he states that the question is not one of validity of treatment but rather how the service is provided consistently to clients by helpers (Egan, 1982, p 5-6). He clearly states that professionals and programs have the technology as shown by the population of clients claiming success. However, we need to become more skilled in matching specific helpers, programs and technologies or strategies to the person or

situation.

Formulation and implementation of treatment goals, objectives and strategies becomes even more complex as the community in general and service consumers demand more say in how they will be served. The need for client driven systems rather than expert driven systems requires clear agreement between service provider and consumer in the area of strategies to be employed (Matheson, 1991). As mentioned before in this paper, collaboration with clients, on goal formulation, objectives to be reached and agreement of strategies is being demanded more by consumers and other professions to ratify success in residential treatment.

The concept of "We know we are doing something right - but we are not sure which ones" (Pecora, Whittaker & Maluccio, 1992) is no longer being accepted by the community. Strategic interventions by youthworkers in residential care as a whole needs to be developed. The practicum agency is no exception.

It is the practicum students view that youthworker supervisors can be trained in the understanding of goal, objective and strategy implementation and through that training ensure quality assurance in treatment strategies employed in the residence.

It is important to note that this paper is not looking at program evaluation or measuring the impact of program objectives, but rather is promoting higher performance and

outcome on specific residential treatment cases and through increasing strategy implementation. This is a clinical strategy issue - not a program evaluation issue. It is an issue based on qualitative data and implementation rather than quantitative (Rossi and Freeman, 1993, p. 254)

The practicum student looked at three areas of the agency's structure in formulating a solution strategy.

1. In Service Training
2. Supervision
3. Agency Leadership

1. In-Service Training

The need for in-service training of youthworker supervisors is obvious through literature and interview with the supervisors and their subordinates as already mentioned in this paper. Specific training in strategy implementation addresses the need to target service specifically and objectively as defined by Children First a policy paper defining the direction of the Ontario Government as fundors of Children's Mental Health Centres (Report of the Advisory Committee on Children's Services, 1990, p. 45). Thomas (1994), in his article "Management by Behavioural Outcomes" addresses strongly the need for educating of staff or in-service training to ensure competence. In other words, youthworker supervisors need specific in-service training to increase their abilities and knowledge in providing service to clients and supervision of youthworkers more specifically

in strategy implementation.

In-service training is verified as an important part of job enrichment, in that it provides to job design the components of meaning, interest and challenge (Luthans, 1981). These components are necessary to ensure the motivation of youthworker supervisors in providing the kind of healthy inspiring leadership youthworkers and clients need.

Specific in-service-training aimed at the pivot of the residential treatment units (the supervisors) fulfills the three dimensions of agency goals implementation - What, When and By Whom advocated by Hoffman in Canadian Management Policy (Hoffman, 1981, p 221). Through the development of strategy implementation skills by supervisors, clients will benefit by increasing their abilities to cope.

2. Supervision

In-service training as a challenge to supervisors will provide them with the need to aspire to more creative thinking and action. Too much comfort in an environment or lack of technical challenge produces burnout (Pines, Aronson & Kafray, 1981, pp. 125-127). Literature is clear in the need for in-service training and the benefits it provides.

Supervision as a tool for strategy implementation, objective and goal formulation is clearly defined in literature. Brillinger (1990) states the need for supervisors to be specific, directive and definitive in

performance and skill expectations (Brillinger, 1990, pp 12 - 13). Not only is supervision needed as a follow-up and reinforcement to in-service training but through regular person-task-agency focused supervision (Brillinger, 1990), valid feedback of employee needs and agency in-service needs is maintained.

In fact, constant supervisory feedback between supervisee and subordinates is critical to superior performance of workers. Lawless likens a lack of clear supervisory feedback to putting a subordinate in the position of learning to target shoot without ever knowing whether they hit the target (Lawless, 1979, p. 478).

3. Agency Leadership

Agency leadership and its effect on supervisors and agency structure is also critical to strategy implementation.

Leader behaviours are illustrated as having a direct relationship to worker productivity and satisfaction (Klein & Ritti, 1983, p. 218-219). Demonstrated by Klein and Ritti is the need for a participative style of leadership while recognizing the need for direction, clarification of goals and structure for the people implementing them. Enhancement to the working group as a whole is addressed, as well as their effectiveness in reaching specific goals.

The need for a clear ideological focus where "the parameters of effective practice in that staff know the

goals they are working for and the means they are allowed to use in attaining them" (Forster and Linton, 1987) is well documented in youth care literature. Ideological focus comes from agency leadership. Leadership must provide through a participative effort the methods, support, knowledge and modelling to inspire supervisors and youthworkers as well as remove the organization's obstacles to using their capabilities to the fullest extent that can be found in any established organization (Lerner, 1986).

If "The fundamental purpose of management is to be able to predict and control human behaviour in pursuit of organizational goals" (Austin, Brannon & Pecora, 1984, p.39), then agency management needs to lead agency supervisors in assuring that skill development and knowledge of workers is valid and promoted as an agency value.

The practicum students role in the agency and through the practicum has been to identify a problem. Productive leadership would now require feedback from not only the youthworker supervisors involved in the problem, but also the professional and administrative staff who will be recruited to solve the problem through their teaching, leading and solution implementation. This will be addressed further under solution strategy. Important to effective organization leadership at this point is the feedback of the youthworker supervisors in defining their needs to resolve the problem. Feedback remains on going weekly with the

practicum student and youthworker supervisors regarding the identified problem. However, the continuum of leadership behaviour (Tannenbaum & Schmidt, 1973) is observed in that the decision to act on the problem has been made by the practicum student as manager but subordinate or youthworker supervisor feedback is recognized, valued and integrated into the solution strategy if valid and within their role (Tannenbaum & Schmidt, 1973).

As important as youthworker-supervisory-management communication is to the solution strategy, is the feedback from agency professional consultants. The consultant psychiatrist, consultant psychologist and executive director are important factors in the solution of this problem.

Through a formal meeting with them, the following strategy was identified and formulated. The strategy is based on agency client intake, the need for specific behavioural language, direct training in goals-objectives and strategies and supervision as an implementation tool, monitoring tool and motivator.

The solution strategy incorporates the three areas of the literature review. By this it is meant that in-service training was the vehicle for delivery of youthworker supervisory skill increasing. This training ensured that youthworker strategy implementation would increases through focused supervision.

Use of agency leadership from the executive director, the psychiatric consultant, psychological consultant and the assistant director (the practicum student) was a part of the solution. Youthworker supervisor commitment to the strategy was ensured through supervision of them by the practicum student and the solution strategy process itself.

It is the practicum student's opinion that through the concerted effort described, client well being was enhanced. In order to develop a complete and valid strategy, a consultation meeting was held with the executive director, assistant director, psychiatrist and psychologist.

In this meeting, chaired by the student, the practicum guidelines, goals and objectives, were presented to all parties. Their role in the solution was discussed, examined, and formalized as a sequential in-service training module for youthworker supervisors.

Consultant time was organized to fit into regular meeting schedules to avoid more consultant fees to the agency. It was agreed in this meeting to video the training sessions so that youthworker supervisors could use them as review and supervision tools for youthworkers. Video equipment is available at the main office of the agency.

In-service training issues identified by this agency resource group were as follows:

1. The need for youthworker supervisors, as collaborators with clients, to understand the clinical diagnoses of conduct disorder and the implications it has for treatment planning.

2. The need for youthworker supervisory training in identifying specific behaviours and interactions that are considered problematic in conduct disordered youth.

3. The need for specific skill development in goal, objective and strategy formulation and implementation for youthworker supervisors.

4. Youthworker supervisor commitment and motivation to taking part in the solution strategy. Their role as supervisor and leaders in ensuring a passing on of skills and knowledge to supervisees was identified as crucial to the solution strategy.

Identified in the agency resource meeting was the issue that youthworker supervisors may need more time on any one segment of the training program. Individual supervision was seen as crucial to avoid this situation. Each session was seen as an opportunity for feedback as well as individual supervision. The initial orientation session was also seen as a major factor in the success of the ten week program.

See Appendix D: for the Ten Week Training and Evaluation Outline.

CHAPTER V

Strategy Employed: Action Taken and Results

The solution implementation contained in Appendix D went as conceptualized. Two changes were needed and these were in the use of video cameras and the discharge of three adolescents from the residential program. In the orientation meeting with youthworker supervisors, the camera was seen by them as an impediment to their spontaneity in week six and seven. Due to these sessions focusing on the integration of their leadership skills and problem solving abilities with the in-service training, they unanimously agreed that the use of a camera would inhibit their work. An important part of the solution strategy and the problem solving process was the participatory leadership style being fostered (Klein & Ritti, 1983, p. 218-219) and the decision to not use the camera was a result of this style and supervisor input.

The issue of adolescent discharge was an unavoidable issue. This would affect the percentage of specific interactions in each unit but it is not clear as to how great an impact this variable would have on project outcome. However, discharge is an unavoidable event that is not under the complete control of a residential setting.

A dramatic response of the residential supervisors was their enthusiasm for the project. This was reflected in their words to the practicum student as well as the manner

in which they implemented their roles within the agency.

Greater care was observed in their interactions with other agencies and peers. A sense of confidence in themselves, spontaneity wi[illegible] others and commitment to their clients was evident. Role functioning showed an immediate improvement not unlike the now historic and famous Hawthorne Effect so clearly described by Luthans (1981). In other words, the energy expended by the practicum student and agency consultation and management group, had a revitalizing effect on the supervisory level of the residential program. This was not unexpected by the practicum student, however, the intensity and sustainment of this response was and continues to be a valuable outcome of the overall process. Youth and families under their care are reaping the benefits of the youthworker supervisors renewed energy and more specific responses and focus.

All supervisors verbalized a sense of appreciation for the consultant's knowledge, role and position in the agency. Learning from the executive director and having direct access to his knowledge while negotiating with him increased their confidence and sense of belonging in the agency as a whole. It reinforced his position with them as a leader with knowledge and understanding of the direct care role.

The program as designed presented the psychodynamic principles and provided the tools for implementation. The leadership and support needed to insure the transition from

theory was addressed as a training issue and provided in supervision by the practicum student. The youthworker supervisors expressed a strong appreciation for the concept of specific focus, skills and tools but also for the provision of understanding through psychodynamics and developmental knowledge presented to them. In other words, they are more clear in not only what to do and how to do it but also in why they are implementing specific strategies through youthworkers to youth.

The management-consultation group itself were also impacted with the practicum project. A clarity of individual roles and value to the agency was experienced by all parties involved. Each member of this group verbalized enthusiasm for the project while implementing it. Following the implementation period, the project is referred to in good humour and in respect for each individuals area of expertise. Collaboration in management-consultation meetings is more clearly based on each others' skills and knowledge as well as formalized roles. Improved service delivery will be the long term gain from this unexpected phenomena.

In the orientation week, youthworker supervisors committed themselves to the project. Video camera concerns were expressed and dealt with as well as agreed upon.

In hearing the shift log analysis outcome and observation outcome, the supervisors appeared defensive.

However, on hearing this as an organizational problem of strategy implementation, the issue of blame was put to rest. The practicum student stressed the need to problem solve together, took away personal blame, valued their input and clarified that specific strategy implementation and outcome orientation was a change in expectation in their roles and they deserved the in-service training and supervision time to insure role implementation.

Present and previous work was validated as well as the concept that we are not devaluing how we have worked in the past but rather enhancing our service delivery through skill acquisition of supervisors and therefore youthworkers. The high expectation on performance was maintained.

The youthworker supervisors responded with input regarding the need to understand psychiatric theory as it pertains to their work. They discussed the need for theory, discussion and supervision as learning tools as well as their desire to improve the care and treatment of the adolescents and their families.

Individual supervision as follow-up, was problem free and the practicum students role was one of affirming youthworker supervisor motivation.

The consultant psychiatrist presented his two hour lecture and one hour seminar on conduct disordered youth from a developmental perspective. Rather than hearing diagnosis and recommendations based on working cases, the

youthworker supervisors gained a clear understanding of the theory of conduct disordered adolescent.

Feedback in the seminar was intense and the psychiatrist clearly had a group interested not only in how conduct disorders manifest but also why they are so prevalent in the agency practice.

Weekly supervision again reflected enthusiasm. However, one supervisor expressed concern over their ability to treat such a powerful disorder. Through supervision, specific skills were identified to be learned as well as a plan for supervisory support agreed upon. The process used by the practicum student parallelled the problem identification, goal formulation, objective and strategy process we were attempting to teach the youthworker supervisors. The supervisor recognized this and verbalized the value in specificity and clarity. A sense of feeling overwhelmed as a person dissipated with clear problem solving and planning for the implementation of their role (Brillinger, 1990, p. 22).

In week three, the consultant psychologist stressed specific behaviour observation skills, the concept of behavioural deficits and excesses, baselines and goals, objectives and strategies as related to conduct disordered youth. This too was presented in a two hour lecture one hour seminar format.

The overall message of the need for clear observations

being quantitative (Rossi & Freeman, 1993) was made. An important outcome of this session was the stressing of a cognitive behavioural approach to these youth.

Supervision with the unit supervisor reflected attempts to balance the developmental and emotional tasks of youth with the cognitive behavioural approach. All supervisors were left with the task of balancing specific cognitive behavioural strategies with the emotional and developmental excesses and deficits due to a youths life experiences. Judgement, care, relationships with youth and specific skills were tasks being struggled with by all supervisors. Their conflict was clear as well as their need for affirmation in their role implementation. One supervisor required challenge from the practicum student to look at their need to be less introspective and more outcome oriented in developing specific skills to insure the well being of youth in their care.

The following two weeks stressed problem identification, goal formulation, objective setting and strategy collaboration with youth and their families. Concrete problem solving with supervisors was interspersed throughout the lecture format. At this point in the project, the unit supervisors relaxed and their enthusiasm was visible to myself as the observer. The executive director's input provided the clarity of expectation and permission to risk errors that they needed.

Supervision was a positive experience for all parties in these two weeks. All youthworker supervisors expressed relief and satisfaction in the simplicity of the skills to be acquired as they compared it to process oriented care and treatment plans. The recognition that the relationship process was contained in strategies and the clarity gained from specific problem identification appeared to be the universal factors for enthusiasm on all the supervisors agendas for supervision. Success for specific strategy implementation appeared to be imminent at this time as indicated by the comfort displayed in knowledge and ability by the youthworker supervisors.

The role of the youthworker supervisors in the implementation of treatment and supervision was examined in week six with the practicum student as group leader. Supervision in Human Services: A Staff Support System (Brillinger, 1990) was often referred to and used for example by the practicum student. Leadership styles were discussed and the group gave feedback to one another regarding skills and leadership styles. The ten week implementation plan of the practicum was used as a model for planning the supervisor's implementation of a new skills and knowledge. The practicum student's leadership style to implement the practicum was identified as a participatory model. Supervisors could address the positives and negative effects of this style in relationship to its impact on

themselves. In-service training, supervision and leadership as interrelated entities were examined. The youthworker supervisors all collaborated on plans to implement treatment strategies, knowledge and supervisory skills gained throughout the practicum.

Individual supervision was uneventful that week. It was used to clarify plans for implementation discussed in the group meeting.

The post-test (Appendix C) was administered in the seventh week with a success rate of 100% by the youthworker supervisors. The formal steps of planning for treatment goals, objectives and strategies were clear as indicated by the test. However, the information provided in the house supervisor answers went far beyond expectations. In other words, they attempted to integrate new skills and knowledge with past experience. Through discussion with them, they felt motivated to do this from the program presented to them as well as a sense of confidence they had gained through management affirmation of them as professional youthworkers.

The new shift log format (Appendix E) was designed in this week through the use of flip-charts and a collaborative effort on the part of youthworker supervisors. It indicates a clear understanding of the practicum content as well as a specific strategy implementation and youthworker and supervisor accountability. Outcome can be clearly analyzed on a daily basis with a quick visual scan.

Analysis of shift logs per unit was implemented (10 per resident). Under the pre-practicum shift log format which was still being used, a significant increase in specific strategy implementation was recorded. Each unit now had six adolescents due to mid-winter discharges. This was an unavoidable variable as mentioned in the beginning of Chapter V.

Unit #1

Number of Youth - 6

Number of Shift Logs Analyzed - 60

Time Period: Jan. 3 - 13

Specific Strategic Interventions Recorded - 16

Percentage of shift logs indicating specific strategy intervention: 27.1%

Increase in recorded strategic interventions. 11.1%

Unit #2

Number of Youth - 6

Number of Shift Logs Analyzed - 60

Time Period: Jan. 3 - 13

Specific Strategic Interventions Recorded - 14

Percentage of shift logs indicating specific strategy intervention: 23.3%

Increase in recorded strategic interventions. 9.3%

Unit #3

Number of Youth - 6

Number of Shift Logs Analyzed - 60

Time Period: Jan. 3 - 13

Specific Strategic Interventions Recorded - 13

Percentage of shift logs indicating specific strategy intervention: 21.4%

Increase in recorded strategic interventions. 14.3%

Average Increase Per Unit in Recorded Strategic Interventions 11.5%

During week nine and ten, observation evaluation of strategic interactions were completed. The results as follow were positive.

Unit #1

Generalized Responses - 16

Specific Treatment Strategies - 4

Percentage of interactions reflecting specific interventions: 2.5%

Increase in specific strategic interventions: 11.7%

Unit #2

Generalized Responses - 14

Specific Treatment Strategies	- 6
Percentage of interactions reflecting specific interventions:	30%
Increase in specific strategic interventions:	20%
	59

Unit #3

Generalized Responses	- 12
Specific Treatment Strategies	- 8
Percentage of interactions reflecting specific interventions:	40%
Increase in specific strategic interventions:	26.7%
*Average increase of specific strategic interventions observed over three units:	19.4%

It is clear that the solution strategy of the practicum had a positive impact on increasing specific strategic interventions in the residential units. When written observations and observed observations of specific strategy implementations are combined with all three residential units, the increase of strategy implementation is 15.4%.

The initial objective of 100% competency in the use of

formal steps of planning goals, objectives and strategies was met by all youthworker supervisors. Objective 2 of a 10% increase in recording of individual treatment strategies was met with an 11.5% increase. Objective 3 of a 10% increase in observed interactions of specific individualized treatment strategies was met beyond expectations with a 19.4% increase.

The goal of increasing youthworker implementation of individual treatment strategies of youth was met with moderate success. Impact on service delivery and client well being is seen as positive by the practicum student.

Supervisor morale and increased skills will be transferred to youthworkers and youth. Informal interviews with youth and youthworkers indicate greater clarity in function and increased motivation to problem solve together. The success of the solution strategy while seen as moderate by the practicum student in terms of the problem identified, has had a greater impact on the agency as a whole than was projected.

Chapter VI

Conclusion - Implications and Recommendations

The success of the project has been stated in Chapter I. Strategic treatment interventions increased at a moderate rate. This suggests that the problem analysis used in this project was accurate.

In-service training of youthworker supervisors lacked a specific goal, objective, strategy orientation. This was remedied by introducing in-service training with the specific focus identified. The youthworker supervisors have become more effective with their youthworkers through enriching their own skills and knowledge (Maier, 1987).

The youthworker supervisors were given the appropriate knowledge and skills to ensure service delivery. The important components of supervision (Brillinger, 1990) were tapped to ensure youthworker implementation of strategies through their supervisors' interventions with them.

The shift-log format was having the effect of diffusing youthworker responses to youth. With the focus on format collaborated with the youthworker supervisors, role performance and perceptions of supervisors and their youthworkers became more focused toward specific strategic interventions. Therefore, the focus on format or non-personal information had an affect on role performance (Speers, 1988, p.55).

Youthworker supervisor commitment to the project as

well as the treatment planning process was a major factor in the outcome of the project. Their involvement in the project as implementors, leaders and supervisors had a revitalizing effect on youthworkers and youth. Their firsthand observations of youthworkers and interactions with them were as valuable as expected (Krueger, 1986).

The use of agency leadership and knowledge had a far reaching effect on youthworkers and service delivery. The Hawthorne Effect (Luthans, 1981) could be ascribed as the reason for this far reaching impact on the agency as a whole. However, youthworker and supervisor feedback indicates that the impact is based on the specific knowledge and skills presented by agency leadership. This is seen as having a positive bearing on the validity of agency leadership as knowledgable. The result is a group of youthworker supervisors who are willing and comfortable in seeking out more knowledge and direction to increase the quality of service delivery.

From the practicum project the following recommendations have been made to the executive director.

1. A regular in-service training program be established based on specific skill development for youthworker supervisors and youthworkers. This would be established in 10 week modules.

2. Follow-up seminars or refresher courses will be established with youthworker supervisors regarding this

practicum's focus to ensure continuing expertise (Hoffman, 1981).

3. Agency leadership will be tapped as resources to all levels of the organization.

4. The use of video tapes as supervisory tools has been established and will be continued.

5. Supervision as a tool to increase employee knowledge and quality of service was clearly established. Further staff development modules will reflect the focus on supervisory skills.

The practicum project had the impact on the target group it was planned for. Client benefits, agency outcome, agency leadership and the direct care workers and supervisors were all impacted by the project. Residential treatment as a valid mode of working with youth and their families was reinforced by this project. As important as this reinforcement has been the increase in knowledge and skills to youthworkers as well as the increase in their expertise as accountable professionals.

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Appendix A:

Original Shift Log

Shift Log Format (To be completed during the last hour of each afternoon shift)

Youth Worker Signature: _____
Adolescent: _____ Unit: _____ Date: _____

A. Routines-(quality of completion, support, needed, support accepted, implementation on own, adolescent attitude).

B. Limits-(specific behaviours limited & adolescent response, was resolution reached?)

C. Activities & Meeting-(adolescent participation, specific problem areas, quality of interaction, time & location spent away from unit & adult that was supervising the time-group or individual)

D. Quality of Interaction-Peers

-Adults

E. Critical Incidents Major life Decisions, Resolutions or Treatment Issues - Reflect Adolescent's Views

F. Follow-up needed by on-coming workers(s)

Appendix B:

Observation Instrument

Treatment Strategy Count - Observation Instrument

Unit #

Time

No of Youthworkers

House Supervisor

No of Youth

Generalized Responses:

Total

Specific Treatment Strategies

Youthworker Initiated:

Total

Appendix C:

Post Test - Youthworker Supervisors

Post Test - Youthworker Supervisors

Problem Identification

1. Describe the process of problem identification.

2. Good problem identification implies clues about solving it. What does this statement mean?

Goals - Indicators

	T	F	N/A
1. Goals are general statements describing the clients desired outcome.			
2. Goals are abstract.			
3. Goals are concrete.			

Objectives - Outcomes

	T	F	N/A
1. Objectives partialize the goal and set realistic expectations.			
2. Objectives are measurable.			
3. Objectives are described in terms of youthworker behaviours.			
4. Give an example of a possible objective one may establish in a treatment plan.			

Strategies

1. How do strategies relate to problem identification, goals

and objectives.

2. Why is collaboration important in establishing strategies?

3. Give three examples of strategies that you have collaborated with a youth over the last two weeks.

Appendix D:

Ten Week Training & Evaluation Outline

Ten Week Training & Evaluation Outline

Increasing Youthworker Implementation of Individualized Treatment Strategies

Week One: Orientation

1. Lecture format informing youthworker supervisors of the practicum project, shift log analysis and observations, in the residential unit.
2. Historical view of agency's development toward an outcome focused agency. The focus will be on maintaining the strengths from the past while building on them for the present and future.
3. The practicum process of problem identifications, problem analysis, goal identification, objective establishment and strategy formulation/implementation will be identified.
4. Parallels of 3 will be drawn with agency individualized treatment plans.
5. An interactive portion of the meeting will address concerns, hopes or unclear concepts of the following nine weeks.
6. A Video camera will be introduced and used in this session to promote comfort with it.
7. Specific times, locations and subject matter of future sessions will be established with the supervisors.
8. Gaining an alliance with the youthworker supervisors in the practicums goal, process and strategy is the orientation leadership agenda.

Time required: 3 hours

Week two: Psychiatric Diagnoses

1. The Conduct Disorder diagnoses:
   A historical perspective.
   Present Implication for treatment.
2. Formal defining of Conduct Disorder.
   The psychodynamic view point.
3. Negative nurturing
   Sado-Masochism
4. Psychodynamic treatment tasks.
5. Conclusion, discussion and supervisor clarification time.

Time required: 3 hours

Week three: Psychological Implications

1. Conduct Disordered specific behaviours.
2. Definition and observation skills needed to recognize conduct disordered behaviours.
3. Strategies for collaboration with youth in treatment.
4. The need for specific problem identification, goals, objectives and strategies in treating youth in a residential centre.
5. Conclusion, discussion and clarification.

Time required: 3 hours

Week four: Specific Skills

1. What is the clients problem? (Problem Identification)
2. What are we going to do about it? (Goals, Objectives, Indicators)

3. Did it work. (Evaluation)

Lecture format

Time required: 3 hours

Week five: Specific Skills

1. Review of week four.

2. Examining of specific case examples.

3. Workshop, interactive problem solving format.

Time required: 3 hours

Week six: Leadership and Supervision

1. Development of an in-service implementation plan

2. Use of in-service training, supervision and milieu leadership will be examined.

3. Leadership styles and techniques will be viewed in terms of appropriate styles matching the appropriate situation or person.

Time required: 3 hours

Week seven: Discussion and Evaluation - objective one

1. The post test will be administered regarding the formal steps of goal, objective and strategy formulation.

2. The individual youth shift log will be re-designed and formatted to reflect the desired balance of social learning and individualized treatment strategy implementation. The new format will not be introduced to youthworkers until the practicum observation in unit and shift log analysis is complete.

3. Problem solving and discussion time.

Time required: 3 hours

Week eight: Evaluation - objective 2

1. Analysis of 70 shift logs in each of these units will be implemented by the practicum student.

Time required: 9 - 12 hours

Week nine: Evaluation - objective 3

1. Two residential units will be observed. Strategic interventions will be recorded and compiled on the observation instruments (Appendix B).

Week ten: Evaluation - objective 3

1. One residential unit will be observed. Strategic interventions will be recorded and compiled on the observation instruments (Appendix B).

2. In formal supervisions, results will be discussed with individual youthworker supervisors.

Time required: 12 hours

Appendix E

New Shift Report

SHIFT REPORT - Page 1

Adolescent:_____ **Date:**_____

Completed By:_____ **Shift:**_____

	Deficit 1	2	**Appropriate** 3	4	**Excess** 5
Organization Skills					
Task Initiation					
Task Completion					
Attentiveness					
Responsibility					
Time Management					
Problem Solving Skills					
Social					
Interpersonal					
Practical Action					
Academic/Vocational					
Communication Skills					
Negotiation					
Assertion					
Listening					
Asking for Help					
Disclosure-Thoughts					
Ideas					
Emotions					
Self Management Skills					
Pain - Emotional					
Physical					
Covert Fear					
States Joy					
Anger					
Rage					
Overt Delaying Gratification					
States Competition					
Co-operation					
Compliance					
Physical Care/Hygiene					
Personal Environment					
Social Skills					
Demonstrates Empathy					
Demonstrates Understanding					
Offers help/support					
Gives feedback to others					
Acts on positive values					

Critical Adaptive/Non Adaptive Behaviours: (Comment)

page 2

	Opportunity to impact on Goal Situation - Strategy-Outcome	Score (Circle)
Goal 1 Objective: Strategy:		-2 -1 0 +1 +2
Goal 2 Objective: Strategy:		-2 -1 0 +1 +2
Goal 3 Objective: Strategy:		-2 -1 0 +1 +2
Goal 4 Objective: Strategy:		-2 -1 0 +1 +2

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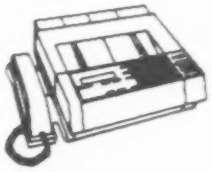

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Name of Student DAVID S. HARRINGTON Cohort 64

Home Address RR4 Kirkfield, Ont. S.S.# 422 662 890

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Position

Proposal/Practicum Title Increasing ~~Treatment Strategies~~ Youthworker Implementation of Individualized Treatment Strategies in a Residential Treatment Centre for Adolescent

Work Setting for Practicum Chimo Youth and Family Services.

Name of Practicum Verifier Dr. M. Lacroix

Address 586 Eglinton Ave. East #208, Toronto, Ont. M4P1P2

Position in Work Setting Director - Psychologist

Name of Adviser Dr. M. Krueger

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